

Date Stamp

**NEBRASKA WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE
P O Box 94600
Lincoln, NE 68509-4600**

Phone: (402) 471-9935
Fax No: (402) 471-9994

**APPLICATION FOR AN UNEMPLOYMENT INSURANCE
ACCOUNT NUMBER**

Official Use Only		
File Locator Number		
Liable Number		
Predecessor's Liable Number		
Liab/merge date	Qualify Yr/Qtr	Reviewer

1. **Legal Name** (Individual, Partnership, Corporation)

2. **Trade Name** Doing Business As, (List all Names)

3. **Mailing Address**
Street

Phone No.

City St. Zip

4. **Principal Place of Business in Nebraska.**
Street (Attach List if Multiple Locations)

Phone No.

City St. Zip

5. **Type of Organization**

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Limited Liability Co. |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Other |

6. Do you hold an exemption from Federal Income Taxes as a Non-Profit organization described under section 501 (C) (3) of the Internal Revenue Code? ☐ Yes ☐ No

If yes, please attach copy of your exemption with this report.

7. Are you an employee leasing company? ☐ Yes ☐ No

If yes, attach a list of client companies served in Nebraska

8. **Federal Identification Number**

9. **Date you first paid wages or acquired business in Nebr.**

10. **Identification of Sole Proprietor, Partners, or Corporate Officers** (if more than 3, please attach list)

Social Security No.	Full Name	Title	Home Address

11. Are you liable for the Payment of Federal Unemployment Taxes?
☐ Yes ☐ No

Date of First Liability

12. Describe the nature of your business in Nebraska.
(Retail, Manufacturing, Service, Agriculture, Domestic, etc.)

13. Specify your principal activity. Name your principal commodity, product or service.

14. Did you acquire the business of a predecessor? ☐ Yes ☐ No If no, skip to 19
Name, address and phone of Predecessor: _____
If Yes, state date acquired: _____
Predecessor's Unemployment Insurance account number _____

15. Did you acquire ALL or PART of the business of the predecessor? ☐ ALL ☐ PART
(Acquisition of one of several locations in Nebraska is considered PART of the business.)

16. How acquired? ☐ Purchase ☐ Lease ☐ Franchise ☐ Merger ☐ Other (explain) _____

17. Did you acquire the organization or assets of the predecessor's business? ☐ Yes ☐ No
Are you serving the same customers and/or offering the same service or product as the predecessor? ☐ Yes ☐ No

Please check one for a transfer of experience account.

- ☐ Application is hereby made for transfer of the experience account of the former ownership.
☐ I/we do not desire a transfer of the experience account of the former ownership.
☐ Undecided at this time. (You have 120 days from date of acquisition to make this decision)

Will the predecessor remain in business in Nebraska? ☐ Yes ☐ No If No, give the date of last payroll: _____

If yes, what is present Nebraska location of predecessor?

Number of Employees: _____

18. Did you operate a business in Nebraska prior to your acquisition? If so, indicate name, address and Unemployment Insurance Account Number.

Name	Street	City	State	Zip	U I Account Number

INSTRUCTIONS FOR COMPLETING BOXES BELOW

19. For each calendar quarter, enter the gross quarterly wages paid in Nebraska. Enter in each block the number of individuals who were employed by you IN NEBRASKA on your peak day of employment in each week during the current and preceeding calendar year. Include both full and part-time workers, corporate officers, students, or salespersons. An individual proprietor or partner should NOT be counted as an employee. If operating as a sole proprietorship, services performed by an individual in the employ of his son, daughter, or spouse, and service performed by a child under the age of 21 in the employ of his father or mother should NOT be shown on this form. For a partnership, the relationship of these individuals must be the same to all the partners.

Year	1st Quarter Gross Wages			2nd Quarter Gross Wages			3rd Quarter Gross Wages			4th Quarter Gross Wages		
	\$			\$			\$			\$		
Week	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
1st												
2nd												
3rd												
4th												
5th												

Year	1st Quarter Gross Wages			2nd Quarter Gross Wages			3rd Quarter Gross Wages			4th Quarter Gross Wages		
	\$			\$			\$			\$		
Week	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
1st												
2nd												
3rd												
4th												
5th												

20. If you are subject and your establishment is a non-profit organization exempt under Section 501(c)(3) of the Internal Revenue Code, or governmental, do you wish to become: (Check one)

1. ☐ A contributory employer and establish an experience rating account 2. ☐ A reimbursable employer

21. I certify that the information provided in this report is true and correct to the best of my knowledge and belief.

Signature

Title

Date